MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

	SERIAL NO.		FILING DATE
	APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP									
1								51							
2								52							
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47								97							
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49								99							
50								100							
TOTAL IND.								TOTAL IND.							
TOTAL DEP.								TOTAL DEP.							
TOTAL CLAIMS								TOTAL CLAIMS							